R.I. Local Bankr. Form 1007-1.2 UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF RHODE ISLAND Allingmi Dilibero BK No. Debtor(s) Chapter **CERTIFICATION BY PRO SE DEBTOR** On July 1, a voluntary bankruptcy petition was filed by the undersigned, appearing pro se and without legal counsel. Certification is hereby made that: CHECK EITHER ITEM 1 OR 2 ONLY. IF ITEM 2 IS SELECTED, PROVIDE NAME AND ADDRESS OF ASSISTANCE PROVIDER: (1)\_\_\_\_\_\_ No persons and/or entities, other than myself/us, assisted in the preparation, typing, and/or completion of said petition and/or related schedules; the following persons and/or entities constitute the only persons/entities who assisted in the preparation, typing, and/or completion of said petition and all related schedules, and represent the only sums paid by me/us for these services: NAME AND ADDRESS OF ASSISTANCE PROVIDER TOTAL AMOUNT PAID I hereby certify under penalty of perjury that the above information is true and accurate to the best of my knowledge. I am aware that the providing of false or incomplete information may result in the denial of discharge in bankruptcy and/or other sanctions. SIGNATURE

Phone number (4/1871-7574) 61149, 2017